DR 2024 (12/26/07)
COLORADO DEPARTMENT OF REVENUE
AUTO INDUSTRY DIVISION
DENVER CO 80261-0016
(303) 205-5604

MAIL TO

APPLICATION FOR DEALER OR WHOLESALER LICENSE NAME CHANGE

INSTRUCTIONS:						
Check Applicable Box						
Colorado law requires notification of a change of license name (DBA) not less than 10 days prior to the change. If notification is received after the effective date of the change, the late fee is due. Attach to this form the following:						
Attach original bond rider which amends the principal line to reflect the licensed entity and the new DBA						
Submit a letter from the manufacturer acknowledging the name change and stating the Manufacturer's Certificate of Origin (MCO) will be issued in the new name. (Franchised dealers only)						
Submit a copy of the new trade name registration filed with the Colorado Secretary of State's office The website address is www.sos.state.co.us						
Name change fee. Make check payable to the Colorado Department of Revenue.						
Current License Name			Dealer Number	Business Phone Number		
Location Address			City	State	ZIP	
New License Name			Effective Date			
DEALERS (new, used and auction): Complete this section						
1. Permanent sign in place or temporary sign in place with permanent sign ordered.						
2. Sign displays new dealer licensed name (DBA).						
3. Sign's letters are at least 6-inches high.						
4. Sign is visible to the major avenue of traffic						
5. Location photos attached: Four photos are required showing a full view of the lot and sign from across the street (at least 100 feet displaying the entire building and lot). One close-up photo of the office building and sign. A photo of the rest room and one photo of the inside of the office.						
DEALERS AND WHOLESALERS: Read, sign and date this section						
I declare under penalties of perjury in the second degree (Class 1 Misdemeanor) that the above information is true and accurate. I realize that my place of business is subject to inspection and any false statements regarding the above requirements could subject my license or application to denial, suspension or revocation. I, as owner, co-partner, LLC member/manager, or corporate officer have authority to sign this request.						
Signature (owner, partner, LLC member/manager, or corporate officer)				Title		
Printed Name				Date		
FEES:						
			Make Check Payable To: COLORADO DEPARTMENT OF REVENUE			
FEE\$			FEES SUBMITTED\$			
For Office	Effective Date	Process Date	LEES SODMILIED			
Use Only						